

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Blackwell et al.
 Appl. No.: 10/552,135
 Filed: 10/06/2005
 For: MOBILE MEDICAL FACILITY

Confirmation No.: 7205
 Group Art Unit: 3612
 Examiner: TBD

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Transmitted herewith is a PRELIMINARY AMENDMENT in the above-identified patent application.

☒ Applicant claims small entity status. See 37 C.F.R. § 1.27.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
TOTAL	* 25	** 30	= 0	X 25=	\$	X 50=	\$
INDEP	* 5	*** 3	= 2	X 105=	\$ 210	X 210=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+185=	\$	+370=	\$
				TOTAL ADD FEE \$ 210		OR TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

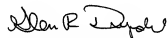
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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- ☒ Please charge Deposit Account No. 16-0605 in the amount of \$210.00.
- ☐ A check in the amount \$0 to cover the additional fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiency in payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0605.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



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